

*This e-bulletin is produced as a resource for established and emerging hospital-based violence intervention programs.*

# National Network of Hospital-based Violence Intervention Programs E-Bulletin

Volume 1, Number 6

June 2010

## Core Network

### Programs

[Caught in the Crossfire \(Oakland\)](#)

[CeaseFire \(Chicago\)](#)

[Healing Hurt People \(Philadelphia\)](#)

[Sacramento Violence Intervention Program \(Sacramento\)](#)

[Project Ujima \(Milwaukee\)](#)

[Violence Intervention Advocacy Program \(Massachusetts\)](#)

[Violence Intervention Program \(Baltimore\)](#)

[Wraparound Project \(San Francisco\)](#)

## About the Network

The National Network of Hospital-based Violence Intervention Programs is a partnership of programs across the country that provide intervention services to individuals being treated for violent injuries. The philosophy of these programs is that violence is preventable and that trauma centers and emergency rooms have a golden moment of opportunity at the hospital bedside to engage with a victim of violence and to stop the cycle of violence. The Network's purpose is to strengthen existing programs and help develop similar programs in communities across the country. The National Network works to achieve sustainability of hospital-based violence intervention programs, develop and disseminate evidence-based resources, and inform public policies related to violent youth victimization. (continued on page 2)

## Funding Updates

### [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#)

Field Initiated Research and Evaluation Program (Deadline: 6/29/10)

### [Robert Wood Johnson Foundation](#)

Local Funding Partnerships (Deadline: 6/30/10)

### [Office for Victims of Crime \(OVC\)](#)

Update "Standards for Victim Assistance Programs and Providers" resource (Deadline: 7/1/10)

### [Robert Wood Johnson Foundation](#)

Ladder to Leadership: Developing the Next Generation of Community Health Leaders (Deadline: 07/2/10)

### [Harry Frank Guggenheim Foundation:](#)

Research on Violence and Aggression (Deadline: 08/01/10)

### [National Institutes of Health \(NIH\):](#)

Research on Emergency Medical Services for Children (R01) (Deadline: 09/15/10)

*“... a lot of the kids that we work with seem to have gained a sense of hopelessness... The only way to help them gain that sense of hope is through education, finding someone who cares about them, and building peer support in a more positive way.”*

*- Toni Rivera,  
Project Manager,  
Project Ujima*

### *History of the Network*

Youth ALIVE!, a non-profit, public health agency based in Oakland, CA, established one of the first hospital-based violence intervention programs, Caught in the Crossfire, in 1994. In March 2009, Youth ALIVE! convened nine hospital-based intervention programs from around the country to discuss common issues and to establish common ground. At this first symposium in Oakland, participating program representatives exchanged ideas, research, and other information about how to strengthen their work and improve their capacity to support similar programs in communities across the country and to assist hospitals interested in initiating programs. They unanimously agreed to form the National Network of Hospital-Based Violence Intervention Programs.

### **News and Research Updates**

#### [U.S. Attorney General Hears from Oakland \[CA\] Youth on Preventing and Reducing Gun Violence](#)

United States Attorney General Eric Holder joined The California Endowment at Oakland's Youth UpRising to discuss new approaches to reducing youth violence in California's communities on May 11.

#### [Surveillance for Violent Deaths– National Violent Death Reporting System, 16 States, 2007](#)

Author(s): Karch D, Dahlberg L, and Patel N  
Source: MORBIDITY AND MORTALITY WEEKLY REPORT Volume: 59 No: SS-4

#### [History of Street Gangs in the United States](#)

Author(s): Howell J and Moore J  
Source: NATIONAL GANG CENTER BULLETIN No: 4 Date: May 2010

#### [Modifiable determinants of youth violence in Australia and the United States: A longitudinal study.](#)

Author(s): Hemphill S, Smith R, Toumbourou J, Herrenkohl T, Catalano R, and McMorris BJ, Romaniuk H  
Source: THE AUSTRALIAN AND NEW ZEALAND JOURNAL OF CRIMINOLOGY  
Volume: 42 Issue: 3 Pages: 289-309 Published: DEC 2009

#### [Prevalence and correlates of handgun access among adolescents seeking care in an urban emergency department.](#)

Author(s): Loh K, Walton M, Harrison S, Zimmerman M, Stanley R, Chermack S, Cunningham R  
Source: ACCIDENT; ANALYSIS AND PREVENTION Volume: 42 Issue: 2 Pages: 347-53 Published: MAR 2010

## Training Opportunities

### July 14-16, 2010

#### [National Association of County and City Health Officials \(NACCHO\) Annual 2010 Conference](#)

This conference will enhance the ability of participants to create and build upon a forward-looking vision of local public health through disease prevention interventions and wellness promotion, elimination of health inequities among individuals and communities, and expanded leadership capacity within local health departments. The conference will achieve this by providing action-oriented sessions that enable attendees to describe innovative, evidence-based practices, programs, policies, and systems that advance both the physical and mental health of individuals and the wellness of communities; outline proven and ground-breaking strategies that local health departments and their partners can implement to eliminate inequities in the distribution of disease, illness, and death; identify effective strategies to strengthen the leadership skills necessary for local health officials to position themselves in the leadership forefront to advance a forward-looking vision of local public health; and apply the findings of cutting-edge research to local public health practice in the areas of disease prevention interventions and wellness promotion, elimination of health inequalities among individuals and communities, and enhanced leadership capacity within local health departments.

### August 1-6, 2010

#### [Summer Institute on Youth Violence Prevention](#)

This training opportunity for doctoral students in the social sciences or related fields, to be held at the University of California, Berkeley, will offer training by professionals with expertise in various areas of Youth Violence Prevention (YVP) that graduate students might not otherwise be exposed to in their own university environments and stimulate discussion and research ideas in the area of YVP that will be relevant to the graduate students' future plans for research and evaluation in the area of YVP. Training will focus on the prevalence of youth violence and sources of data, particularly in immigrant communities in the United States; intervention design, methods, implementation, and evaluation; family, culture, immigration, and youth violence; and funding sources and how to obtain funding for research in etiology and prevention of youth violence.

### August 16-18, 2010

#### [2010 National Gang Crime Research Center 13th International Gang Specialist Training Conference](#) (Chicago, IL)

This conference will provide trainees with an array of different professional gang training sessions so that they can tailor their training to issues that are most pertinent to them and their jurisdiction. It will allow trainees to network with others in their special area of interest, and it will have the organizational strength of diversity among the trainers. In addition, numerous specialized training tracks will be offered for attendees registering for certification. These tracks will include gang prevention skills, gang problems in K-12 schools, faith-based programs for gang intervention, and gang and violence prevention for school administrators.

### November 6-10, 2010

#### [American Public Health Association Annual Meeting and Exposition](#) (Denver, CO)

The APHA Annual Meeting & Exposition is *the* premier Public Health Educational Forum! Learn from the experts in the field, hear about cutting edge research and exceptional best practices, discover the latest public health products and services, and share your public health experience with your peers. The world of public health is in continual motion, and there is no better way to stay abreast of the research and learn about emerging issues. This year's theme is "Social Justice".



*Ujima is the third principle of Kwanzaa.*

*It is a Ki-swahili word meaning "working together to make things right."*



## Program Spotlight: Project Ujima Milwaukee, WI



### Background

Project Ujima is a multidisciplinary collaboration between the Children's Hospital of Wisconsin, the Medical College of Wisconsin, and the Children's Service Society of Wisconsin. Project Ujima is committed to helping stop the cycle of violent crimes by reducing the number of repeat victims of violence.

After witnessing the same youth repeatedly treated for violent injuries, hospital staff and community partners decided to establish a program to address this revolving door phenomenon. Project Ujima's goals are to:

- Reduce the physical and psychosocial consequences of the injury
- Reduce the chances of re-injury
- Prevent the victim from becoming a violent offender



### Structure and Services

Community-based home visitation is the basic program model. Clients are first identified in the emergency department and seen by a community liaison. The community liaison provides immediate support to the victim, their family, and works to prevent retaliation through crisis intervention. The community liaison and social worker collaborate to assist with Victims' Compensation claims and Medicaid enrollment.

After discharge, a nurse and/or community liaison schedules a follow up home visit, within two weeks, to provide assessment and develop a service plan. Home visits may include a visit from the community liaison, a nurse, and a mental health worker. Project Ujima contracts with mental health agencies to provide counseling services for both clients and their families. The community liaison partners with other programs to provide food assistance, housing assistance, and help relocating if the threat of violence presents itself.

Project Ujima has developed additional activities focused on preventing violence. These activities include:

- Violence prevention activities in the Parklawn neighborhood and school, and other Milwaukee public schools
- A weekly youth group focused on coping mechanisms, social skills, and other fun activities
- A six-week summer day-camp focused on youth development, youth leadership, and fostering self-esteem
- A three-day camping and rafting trip in rural Wisconsin



Youth, staff, and Governor Doyle at the Project Ujima summer day-camp.

Approximately 300 youth victims of violence are seen in the Children's Hospital of Wisconsin Emergency Department/Trauma Center annually. Counting parents, peers, and siblings; there are approximately 800 people served annually. About 60% of those youth and their families will consent to home visitation services. There is no termination period; with youth participating in the program an average of 8-10 months. Once acute issues are addressed, community liaisons keep in contact with youth and their families. Many families continue to attend picnics and other events even after they have stopped receiving case management.

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## Program Spotlight: Project Ujima Milwaukee, WI



### Clients

In its youth component, Project Ujima serves youth ages 7-18, with a median age of 14. These young men and women are primarily victims of assault, stabbing, and firearm injury. In recent years, Project Ujima began serving adults and families who have lost a loved one by homicide; or who have been victims of assault, robbery, intimate partner violence, or property crime.

The program does not serve youth injured through family violence or youth who are perpetrators of crimes. These groups receive services through other resources in the community.

### Staffing

The Project Ujima staff consists of a project manager, medical director, nurse, social workers, four community liaisons, a youth development specialist, and two crime victim specialists for adult services. Staff is on call days, evenings and weekends. Referrals are placed through consult orders for program services in the hospital electronic medical record and pages through the hospital paging system. Overnight referrals are made through the electronic medical record.

Various staff members have taken courses at the University of Wisconsin-Milwaukee on stress management and trauma. Staff meetings and supervision occur regularly, with an emphasis on supporting staff emotionally, given the difficult nature of their work.



Project Ujima Staff

### Accomplishments and Challenges

Project Ujima was awarded the U.S. Department of Justice Outstanding Program Award for Crime Victims Services in 2004. In 2003, Project Ujima received the "Outstanding Achievement in Sustained Community-University Partnerships" award from the University of Wisconsin-Milwaukee. In addition, Project Ujima was recognized with an honorable mention for innovation by the Association for the Care of Children's Health in June 1996. Project Ujima credits the program's success to its home visitation component, the initial contact with youth in the emergency room, and their staff's cultural sensitivity and youth-oriented focus.

In terms of challenges, funding is an ongoing issue. Another challenge is addressing the stigma and misconceptions about youth who get violently injured. Project Ujima staff work on educating hospital staff and community members that youth who are injured through interpersonal violence are in need of services and support.

[Visit Project Ujima's Website](#)





## Program Spotlight: Toni Rivera Project Manager—Project Ujima



### **How did you get into your line of work?**

I came to Ujima five years ago. Previous to Ujima, I've been a leader in non-profits and community work for over 15 years. Originally I started working in a shelter for children who were victims of child abuse. From there, I started to do work in family resource centers. Then, I started to work with teens. That's where my passion has been. I've now evolved to working with at risk kids who are victims of violence.

### **What are the biggest challenges faced by the young people you work with?**

I think a lot of the kids that we work with seem to have gained a sense of hopelessness. They feel that they can't get out of their situation. It's what they know and they can't see past that. They get tunnel vision. There is a post traumatic stress that is unfortunate. The only way to help them gain that sense of hope is through education, finding someone who cares about them, and building peer support in a more positive way.

Some challenges are a lack of resources and access to resources. The kids are being raised in single parent homes or neighborhoods that are in constant disarray. A lot of our kids, especially our African American [young] men, have said, "I'm either going to die before I'm 18 or not live much more past that." In Milwaukee we are closing schools and building prisons. Something is wrong with that.

### **Can you share a success story with us from your program?**

Success for us is in the baby steps. A young lady, she was 13, was walking home from school and was shot in the head. Three-fourths of her skull was removed so she had to wear a helmet. We did not know how the other kids would react. They might have made fun of her because she wore a helmet, but they didn't. Two months later at a pancake breakfast, you couldn't even see scars on her head. The medical community put her physically back together. We put her mentally back together. It's amazing what can happen when we put our talents together. Many times you can't see the injuries on the inside and those are the ones that take the longest to heal. We work on healing them from the inside out.

*(continued on pg. 7)*



## Program Spotlight: Project Ujima Milwaukee, WI



### What keeps you motivated?

I have a really strong love for my community and a passion for helping and seeing kids be healthy and safe and strong. I'm taking a class on Latino non-profit leadership. In part of the class, we had to decide what we were passionate about- what makes us tick. For me, I want all kids to be safe and healthy and strong. I think that sums it up.



### Any words of wisdom for people who are doing similar work or starting a new program?

For programs just getting started, understand the complexity of the issues that these young people face. Understand that everybody is not going to agree with you and understand that there are stigmas that you might not share, but others in the community do. Build a support system for yourself.

For people who are already doing the work, it's important to take care of ourselves. Be careful not to take the work home with us. I know it is hard to detach when you hear the stories and know the people. Again, it's about building a peer system, like the Network. I think that is one of the greatest things about the Network, because we understand what we each do.



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**Additional Resources**

**Blueprints for Violence Prevention**

**Centers for Disease Control, Youth Violence**

**Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals (American Medical Association)**

**National Center for Injury Prevention and Control**

**National Youth Violence Prevention Resource Center**

**SafetyLit: Injury Prevention Literature Update**

**Reinjury Prevention for Youth Presenting with Violence-related Injuries: A Training Curriculum for Trauma Centers**

**“Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men” by Dr. John Rich, Director of the Center for Nonviolence & Social Justice**

**Youth Violence: A Report of the Surgeon General**

**Youth Violence: Best Practices of Youth Violence Prevention — A Sourcebook for Community Action**

**Youth Violence: Interventions for Health Care Providers**

**Youth Violence: Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools**

This e-bulletin was produced by Youth ALIVE! under 2009-SZ-B9-K004 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this e-bulletin are those of the contributors and do not necessarily represent the official position of policies of the U.S. Department of Justice. Additional funding was received by Kaiser Permanente’s Northern California Community Benefit Programs.